

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSM TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME	
Regular	<input checked="" type="checkbox"/>	6  A	6 / 14 / 17	KAELA'S MART	
Follow-up	<input type="checkbox"/>		TIME IN	TIME OUT	PERMIT HOLDER
Complaint	<input checked="" type="checkbox"/>		9:50 AM	12:00 PM	KIM WOO DUK
Investigation	<input type="checkbox"/>		SANITARY PERMIT NO.		LOCATION (Address)
Other:	<input type="checkbox"/>		170000692	CLARA ST. DEDEDO, 61 LOT 2 BLOCK 22 TRACT 112; YSENG SONG RD	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
RETAIL			1	637-0082	3
					No. of Repeat Risk Factor/Intervention Violations
					0
RISK CATEGORY					
1					

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS
<b>Supervision</b>				
1	(IN) OUT			6
Person in charge present, demonstrates knowledge, and performs duties				
<b>Employee Health</b>				
2	(IN) OUT			6
Management awareness; policy present				
3	(IN) OUT			6
Proper use of reporting, restriction & exclusion				
<b>Good Hygienic Practices</b>				
4	(IN) OUT N/A N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use				
5	(IN) OUT N/A N/O			6
No discharge from eyes, nose, and mouth				
<b>Preventing Contamination by Hands</b>				
6	(IN) OUT N/A (N/O)			6
Hands clean and properly washed				
7	(IN) OUT N/A (N/O)			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				
8	(IN) OUT			6
Adequate handwashing facilities supplied & accessible				
<b>Approved Source</b>				
9	(IN) OUT			6
Food obtained from approved source				
10	(IN) OUT N/A (N/O)			6
Food received at proper temperature				
11	(IN) OUT			6
Food in good condition, safe, and unadulterated				
12	(IN) OUT (N/A) N/O			6
Required records available: shellstock tags, parasite destruction				
<b>Protection from Contamination</b>				
13	(IN) OUT N/A			6
Food separated and protected				
14	(IN) OUT N/A			6
Food contact surfaces: cleaned & sanitized				
15	(IN) OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food				
<b>Potentially Hazardous Food (TCS Food)</b>				
16	(IN) OUT (N/A) N/O			6
Proper cooking time and temperatures				
17	(IN) OUT (N/A) N/O			6
Proper reheating procedures for hot holding				
18	(IN) OUT (N/A) N/O			6
Proper cooling time and temperatures				
19	(IN) OUT (N/A) N/O			6
Proper hot holding temperatures				
20	(IN) OUT (N/A)			6
Proper cold holding temperatures				
21	(IN) OUT (N/A) N/O			6
Proper date marking and disposition				
<b>Consumer Advisory</b>				
22	(IN) OUT (N/A)			6
Consumer Advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
23	(IN) OUT (N/A)			6
Pasteurized foods used; prohibited foods not offered				
<b>Chemical</b>				
24	(IN) OUT (N/A)			6
Food additives: approved and properly used				
25	(IN) OUT			6
Toxic substances properly identified, stored, used				
<b>Conformance with Approved Procedures</b>				
26	(IN) OUT (N/A)			6
Compliance with variance, specialized process, and HACCP plan				

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS
<b>Safe Food and Water</b>				
27	Pasteurized eggs used where required			1
28	Water and Ice from approved source			2
29	Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>				
30	Proper cooling methods used; adequate equipment for temperature control			1
31	Plant food properly cooked for hot holding			1
32	Approved thawing methods used			1
33	Thermometer provided and accurate			1
<b>Food Identification</b>				
34	Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>				
35	Insects, rodents, and animals not present			2
36	Contamination prevented during food preparation, storage & display			1
37	Personal cleanliness			1
38	Wiping cloths: properly used and stored			1
39	Washing fruits and vegetables			1
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.				
Person in Charge (Print and Sign)				
Woo Kim Wook				
DEH Inspector (Print and Sign)				
JEROME GARCIA EPHOI				
Date: 6/14/17				
Follow-up (Circle one): YES NO				
Follow-up Date: 6/26/17				

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ESTABLISHMENT NAME <b>KAE LA'S MART</b>		LOCATION (Address) <b>LOT 2 BLOCK 22 TRACT 112 CLARA ST. DEDEDO, GUAM YSENG SONG RD.</b>	
INSPECTION DATE <b>6 / 14 / 17</b>	SANITARY PERMIT NO. <b>170000692</b>	PERMIT HOLDER <b>KIM, WOO DUK</b>	

**TEMPERATURE OBSERVATIONS**

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
<b>EGGS RAW SHELL / BACK CHILLER</b>	<b>36.0</b>	<b>TUNA SANDWICH / CH / FRONT CHILLER</b>	<b>69.0</b>
<b>ARROZ CALDO / HH / FRONT WARMER</b>	<b>114.5</b>	<b>EGG SANDWICH / CH / FRONT CHILLER</b>	<b>70.5</b>
<b>BREAKFAST BENTO (PORK, RED RICE, SCRAMBLED EGGS) / HH / FRONT WARMER</b>	<b>102.0</b>	<b>HAM SANDWICH / CH / FRONT CHILLER</b>	<b>71.5</b>
<b>SPAM MUSUBI / HH / FRONT WARMER</b>	<b>103.0</b>		
<b>TUNA SHANGHAI / HH / FRONT WARMER</b>	<b>108.0</b>		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED BASED ON A COMPLAINT # 17-039 REGARDING A CUSTOMER GETTING SICK FROM EATING PICKLED EGGS.	
	NO EVIDENCE OF PICKLED ITEMS BEING SOLD DURING THE TIME OF INSPECTION.	
	THE FOLLOWING VIOLATIONS WERE OBSERVED:	
2	NO EMPLOYEE HEALTH POLICY PROVIDED. AN EMPLOYEE HEALTH POLICY SHALL BE PROVIDED TO ENSURE FOOD EMPLOYEES DO NOT COME TO WORK WITH A REPORTABLE ILLNESS TO PREVENT CROSS CONTAMINATION.	6/26/17
19.	IMPROPER HOT HOLDING TEMPERATURES WERE OBSERVED FOR (COS) PHF/TCS FOODS. ALL PHF/TCS FOODS SHALL BE PROPERLY HOT HELD AT A TEMPERATURE OF 140°F & ABOVE TO PREVENT THE GROWTH OF BACTERIA & PATHOGENS. (COS) OWNER HAS REMOVED PHF/TCS FOODS FROM SHELVES, TO NOT BE SOLD & RETURNED TO VENDOR.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <b>Woo Kim</b>	Date: <b>6/14/17</b>
DER Inspector (Print and Sign) <b>JEROME GARCIA EPHD</b>	Date: <b>6/14/17</b>



# Food Establishment Inspection Report

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ESTABLISHMENT NAME KHELA'S MART		LOCATION (Address) LOT 2 BLOCK 22 TRACT 112 YSENGSONG RD. CLARA ST. DEDEDO, GUAM
INSPECTION DATE 6 / 19 / 17	SANITARY PERMIT NO. 170000692	PERMIT HOLDER KIM, WOO DUK

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

20	IMPROPER COLD HOLDING TEMPERATURES WERE OBSERVED FOR PHF/TCS FOODS. ALL PHF/TCS FOODS SHALL BE PROPERLY COLD HELD AT A TEMPERATURE OF 41°F & BELOW TO PREVENT THE GROWTH OF BACTERIA & PATHOGENS. (COS) OWNER HAS REMOVED PHF /TCS FOODS FROM SHELVES TO NOT BE SOLD & RETURNED TO VENDOR.	(COS)
	"A" PLACARD # 00844.	
	PHOTOS WERE TAKEN.	
	BRIEFED PIC ON THE ABOVE.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

**Person in Charge (Print and Sign)**

Date: 6/14/17

DEH Inspector (Print and Sign)

Date: 6/14/17